PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where as the

indicated unless correct maintenance fee notifica	ted below or directed of	herwise in Block I, by ((a) specifying a new co	rrespondence address; a	and/or (b) indicating a sep	varate "FEE ADDRESS"
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fe(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, much ave its own certificate of mailing or transmission.		
20350	7590 04/3	0/2007				
TWO EMBARO EIGHTH FLOO	CADERO CENTER OR		LLP	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmistal is being deposited with the Uni States Postal Service with sufficient postage for first class mail in an envel addressed to the Mail Stop ISSUE FEE address above, or being lacsif transmitted to the USPTO (57)) 273-2883, on the date indicated below:		
SAN FRANCIS	CO, CA 94111-383	4	ſ	Terrie J. Ra	au	(Depositor's name
			ľ			(Signature
			İ	July 30, 20	07	(Date
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT		ATTORNEY DOCKET NO.	CONFIRMATION NO.
L		<u> </u>		*** I		
10/623,272 07/17/2003 TITLE OF INVENTION: ACTIVITY DEPENDENT NEUROTROPHIC			Illana Gozes		015280-291300US	3514
			·			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300		\$1700	07/30/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS	┙		
ALLEN, MA	ARIANNE P	1647	435-069100			
CFR 1.363).	ence address or indication		2. For printing on the patent front page, list Townsend and Townsend (1) the names of up to 3 registered patent attorneys			
Change of corresp	ondence address (or Cha B/122) attached.	inge of Correspondence	atively,			
X "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered atomey or agent) and the hames of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
		A TO BE PRINTED ON				
					is identified below, the d	ocument has been filed fo
(A) NAME OF ASSIGNEE The Government of the United States (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
of America, as represented by the Secretary						
of the Depar	tment of Health ar	nd Human Services categories (will not be pr	S rinted on the patent):	☐ Individual ☐ Com	oration or other private gro	oup entity 🖾 Governmen
4a. The following fee(s) are submitted: ✓ Issue Fee			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.			
Dublication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of Copiesten			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number			
			overpayment, to De	posit Account Number	20-1430 (enclose a	n extra copy of this form).
 Change in Entity Sta a. Applicant claim 	tus (from status indicate) is SMALL ENTITY statu		D b. Applicant is no l	onger claiming SMALL	ENTITY status. See 37 CI	FR 1 27(a)(2)
					red attorney or agent; or th	
interest as snown by the	records of the United Sta	tes ratent and Trademark	Office.			
Authorized Signature			DateJuly 30, 2007			
Typed or printed name Beth L. Kelly			Registration No. 51,868			
This collection of inform an application. Confident submitting the completed this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	ation is required by 37 C tiality is governed by 35 d application form to the ons for reducing this but irginia 22313-1450. DC 13-1450.	FR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary reden, should be sent to the NOT SEND FEES OR CO.	on is required to obtain of I.14. This collection is depending upon the in e Chief Information Off COMPLETED FORMS	r retain a benefit by the estimated to take 12 mir lividual case. Any comr icer, U.S. Patent and Tra TO THIS ADDRESS. S	public which is to file (and nutes to complete, includin ments on the amount of tir ademark Office, U.S. Depa SEND TO: Commissioner	by the USPTO to process g gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.